


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90062 004 ****61.25

| | |
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| DOCUMENT # N27987 |  |
| 1. Entity Name PORT EVERGLADES ENVIRONMENTAL CORP. | |

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|---|---|
| Principal Place of Business 2550 EISENHOWER BLVD STE. 320 FT. LAUDERDALE, FL 33316 US | Mailing Address P.O. BOX 22833 FORT LAUDERDALE, FL 33316 US |
|---|---|



01252008 Chg-NP CR2E037 (12/08)

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|--|---------|---------------------|---------|---|--|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 4. FEI Number 65-0085539 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip 33335 | Country | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent WELLS, ROBERT W. 1320 SOUTH DIXIE HIGHWAY SUITE 811 MIAMI, FL 33146 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DOKKEN, ANNETTE 1200 S.E. 28TH STREET FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERNARD, KARL 2401 EISENHOWER BLVE FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eamon N. Doherty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2008 **770-753-0600**
Date Daytime Phone #

EMON N. DOHERTY
PRESIDENT

ATTACHMENT

ADDENDUM TO BLOCK 11, DOCUMENT #N27987
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
PORT EVERGLADES ENVIRONMENTAL CORPORATION

40022623

Item 11. Continued-DIRECTORS AND OFFICERS NOT LISTED ON PRINTED FORM THAT ARE DIRECTORS AND OFFICERS IN 2008

TITLE PD
NAME EAMON N. DOHERTY
STREET ADDRESS 5170 SOUTHLAKE DRIVE
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE SD
NAME BRUCE R. FRINK
STREET ADDRESS 17725 ESPRIT DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE D
NAME RANDAL COIL
STREET ADDRESS 501 WESTLAKE BOULEVARD, WL1-20.11D
CITY-ST-ZIP HOUSTON, TX 77079

TITLE D
NAME WADE HINSHAW
STREET ADDRESS 112 TOWN PARK DRIVE, SUITE 125
CITY-ST-ZIP KENNESAW, GA 30144

TITLE TD
NAME SCOTT EATON
STREET ADDRESS 3877 FLOWERS ROAD
CITY-ST-ZIP DORAVILLE, GA 30360

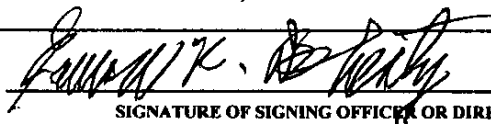
TITLE D
NAME MARK AEBI
STREET ADDRESS ConocoPhillips, 1344 PB
CITY-ST-ZIP BARTLESVILLE, OK 74004

TITLE VPD
NAME TOMMY JORDAN
STREET ADDRESS 200 MANSELL COURT EAST, SUITE 600
CITY-ST-ZIP ROSWELL, GA 30076-4853

TITLE D
NAME MICHELLE DYGAN
STREET ADDRESS 2300 WINDY RIDGE PARKWAY, SUITE 800
CITY-ST-ZIP ATLANTA, GA 30339

TITLE D
NAME ANNA TILLMAN
STREET ADDRESS 1691 ARROWHEAD TRAIL, N. E.
CITY-ST-ZIP ATLANTA, GA 30345

SIGNATURE:



SIGNATURE OF SIGNING OFFICER OR DIRECTOR

EAMON N. DOHERTY

TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2008

DATE

770-753-0600

DAYTIME PHONE #